

Fill in this information to identify your case:

| | |
|---|----------------------------------|
| Debtor 1 | <u>Diannah L. Holbrook</u> |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | <u>SOUTHERN DISTRICT OF OHIO</u> |
| Case number (If known) | <u>2:14-bk-58440</u> |

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

12/13

Official Form B 6I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|--------------------------|---|--|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Occupation | <u>self employed home health care p</u> | |
| Employer's name | <u>Diannah L. Holbrook</u> | |
| Employer's address | <u>2565 Glade Road Beaver, OH 45613</u> | |
| How long employed there? | <u>4 years</u> | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>0.00</u> | \$ <u>N/A</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>N/A</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>0.00</u> | \$ <u>N/A</u> |

Debtor 1 Diannah L. Holbrook

Case number (if known) 2:14-bk-58440

Copy line 4 here

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|----|----------------|-----------------------------------|
| 4. | \$ <u>0.00</u> | \$ <u>N/A</u> |

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: _____

| | | |
|------|---------------------|---------------|
| 5a. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5b. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5c. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5d. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5e. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5f. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5g. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 5h.+ | \$ <u>0.00</u> + \$ | \$ <u>N/A</u> |
| 6. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 7. | \$ <u>0.00</u> | \$ <u>N/A</u> |

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.
 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.
 8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.
 8b. Interest and dividends
 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.
 8d. Unemployment compensation
 8e. Social Security
 8f. Other government assistance that you regularly receive
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
 Specify: _____
 8g. Pension or retirement income
 8h. Other monthly income. Specify: _____

| | | |
|-----|--------------------|---------------|
| 8a. | \$ <u>2,985.67</u> | \$ <u>N/A</u> |
| 8b. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8c. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8d. | \$ <u>0.00</u> | \$ <u>N/A</u> |
| 8e. | \$ <u>0.00</u> | \$ <u>N/A</u> |

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

| | | |
|-----|--------------------|--------------------------------------|
| 9. | \$ <u>2,985.67</u> | \$ <u>N/A</u> |
| 10. | \$ <u>2,985.67</u> | + \$ <u>N/A</u> = \$ <u>2,985.67</u> |
| | | |

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

| | | |
|-----|--------------------|--------------------------------------|
| 10. | \$ <u>2,985.67</u> | + \$ <u>N/A</u> = \$ <u>2,985.67</u> |
| | | |

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
 Specify: _____

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
 Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 2,985.67

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

United States Bankruptcy Court
Southern District of Ohio

In re Diannah L. Holbrook

Debtor(s)

Case No. 2:14-bk-58440
Chapter 13

AMENDED PROJECTION OF BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing:

\$ 3,200.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income

\$ 2985.67*

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor)

\$ 0.00

4. Payroll Taxes

0.00

5. Unemployment Taxes

0.00

6. Worker's Compensation

0.00

7. Other Taxes

0.00

8. Inventory Purchases (Including raw materials)

0.00

9. Purchase of Feed/Fertilizer/Seed/Spray

0.00

10. Rent (Other than debtor's principal residence)

0.00

11. Utilities

0.00

12. Office Expenses and Supplies

0.00

13. Repairs and Maintenance

0.00

14. Vehicle Expenses

0.00

15. Travel and Entertainment

0.00

16. Equipment Rental and Leases

0.00

17. Legal/Accounting/Other Professional Fees

0.00

18. Insurance

0.00

19. Employee Benefits (e.g., pension, medical, etc.)

0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION

TOTAL

21. Other (Specify):

DESCRIPTION

TOTAL

22. Total Monthly Expenses (Add items 3-21)

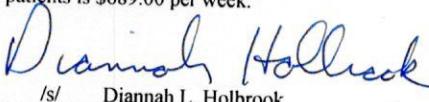
\$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

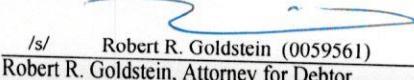
23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2)

\$ 2,985.67

*Debtor is currently a self-employed home health care provider. This is a new business endeavor, so prior income has no relation to current income. Current income is based on current schedule of providing part-time home health care to three individual patients throughout the week. Debtor's current combined income for all three patients is \$689.00 per week.


/s/ Diannah L. Holbrook

Diannah L. Holbrook, Debtor


/s/ Robert R. Goldstein (0059561)
Robert R. Goldstein, Attorney for Debtor

Fill in this information to identify your case:

| | |
|---|----------------------------------|
| Debtor 1 | Diannah L. Holbrook |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | SOUTHERN DISTRICT OF OHIO |
| Case number (If known) | 2:14-bk-58440 |

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.
 Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|--|-----------------|-------------------------------|
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |
| | | <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **0.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|---------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 173.00 |
| 4c. \$ | 100.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 Diannah L. Holbrook

Case number (if known) 2:14-bk-58440

| | | |
|---|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ <u>125.00</u> |
| | 6b. Water, sewer, garbage collection | 6b. \$ <u>0.00</u> |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>135.00</u> |
| | 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>300.00</u> | |
| 8. Childcare and children's education costs | 8. \$ <u>0.00</u> | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>60.00</u> | |
| 10. Personal care products and services | 10. \$ <u>25.67</u> | |
| 11. Medical and dental expenses | 11. \$ <u>60.00</u> | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>210.00</u> | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>50.00</u> | |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> | |
| 15b. Health insurance | 15b. \$ <u>0.00</u> | |
| 15c. Vehicle insurance | 15c. \$ <u>112.00</u> | |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Income Taxes estimate payments</u> | 16. \$ <u>160.00</u> | |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ <u>0.00</u> | |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> | |
| 17c. Other. Specify: _____ | 17c. \$ <u>0.00</u> | |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. \$ <u>0.00</u> | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ <u>0.00</u> | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> | |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> | |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> | |
| 21. Other: Specify: _____ | 21. +\$ <u>0.00</u> | |
| 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. | 22. \$ <u>1,510.67</u> | |
| 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22 above. | 23a. \$ <u>2,985.67</u> 23b. -\$ <u>1,510.67</u> | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ <u>1,475.00</u> | |

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain: _____

**United States Bankruptcy Court
Southern District of Ohio**

In re Diannah L. Holbrook

Debtor(s)

Case No. 2:14-bk-58440
Chapter 13

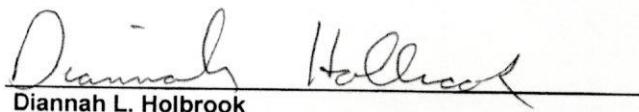
**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 5 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date January 22, 2015

Signature


Diannah L. Holbrook
Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

Certificate of Service

I hereby certify that on January 29, 2015, a copy of the foregoing Amended Schedules I & J were served on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the court:

Frank M. Pees

Brian M. Gianangeli for Creditor Ohio Department of Taxation
Assistant U.S. Trustee (Col)

and on the following by ordinary U.S. Mail addressed to:

**Diannah L. Holbrook
2565 Glade Road
Beaver, OH 45613**

/s/ Robert R. Goldstein
Robert R. Goldstein (0059561)
Attorney for Debtor